BROOKFIELD PARTNERS

Pituitary Adenoma Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. When was the proposed insured first diagnosed with pituitary adenoma?

2. What type of pituitary adenoma was diagnosed?

☐ Corticotrophic Adenoma ☐ Somatotrophic Adenoma

☐ Thyrotrophic Adenoma ☐ Gonadotrophic Adenoma

☐ Lactrotrophic Adenoma

3. What is the size of the pituitary adenoma?

4. How was the pituitary adenoma discovered?

5. What treatments has the proposed insured received?

☐ Surgery Details & Date:

☐ Radiation Details & Date:

☐ Medication Details & Date:

☐ Other

6. Is the proposed insured currently taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)